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GENERAL INFORMATIONS

LEGAL CORPORATE NAME: _____
 COMPLETE ADDRESS: (STREET) _____
 (CITY) _____ (PROVINCE/STATE) _____ (POSTAL CODE) _____
 EMAIL: _____ TELEPHONE: _____ FAX #: _____
 IN BUSINESS SINCE: _____ NET WORTH (APPROX): _____
 NAME OF PRINCIPAL(S): _____
 RESPONSIBLE ACCOUNTS PAYABLES NAME: _____ A/P PHONE#: _____ A/P FAX#: _____
 A/P EMAIL: _____ ANNUAL FORCASTED SALES WITH JAMES HARVEST SPORTSWEAR: _____
 TYPE OF COMPANY: SOLE PROPRIATORSHIP PARTNERSHIP CORPORATION OTHER: _____
 PST #: _____ GST // HST #: _____ TAX ID #: _____
 MEMBERSHIP (ASI, PPAI, PPPC,) #: _____

BANKING INFORMATION

NAME OF BANK: _____
 COMPLETE BANK ADDRESS: (STREET) _____
 (CITY) _____ (PROVINCE/STATE) _____ (POSTAL CODE) _____
 TELEPHONE: _____ FAX #: _____
 CONTACT PERSON: _____
 ACCOUNT #: _____

CREDIT REFERENCES

(Name, address, phone and fax number)

1- _____	1- _____
_____	_____
2- _____	2- _____
_____	_____

CREDIT CARD INFORMATION

VISA AMEX MC

Card # _____

Expiry _____

Authorized Signature _____

TITLE: _____

DATE: _____

INTERNAL USE ONLY

ACCOUNT #: _____

CREDIT LIMIT: _____

TERMS: _____

APPROVED BY: _____

DATE: _____

GET CARRIED AWAY...

In order to purchase merchandise and to be charged to my account by Ferstar 8016267 Canada inc., I consent to the following terms and conditions:
 1. Terms: Net thirty (30) days following invoicing date with no administration fee to pay.
 2. After the thirty (30) days period, if I can't fill my obligations, I commit to pay 2% monthly (24% yearly) administration fees until the complete payment.
 3. A \$25 fee will apply for all returned cheques without funds (Frozen Funds, Stopped Payment, etc.). A replacement payment will be requested immediately. No purchases will be authorized before cashing replacement payment.
 4. All unpaid merchandise is Ferstar 8016267 Canada inc. property until full payment is completed.

I have read and accepted all above terms and conditions. I declare that the above information is true, therefore I authorize Ferstar 8016267 Canada inc. to do a solvency check. I authorize my financial institution to provide the informations needed.

AUTHORISED BY:

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____